Candidate Information Form

			PERSONAL D	ETAILS	
Name of Applicant:	Surname	JHA	Middle		First AMAN
Date of Birth (dd/mm	1/yy): 25	104/	1999		
Sex: MAL	E	•			
	. SURE	HDRA	JHA		
Home Phone: 982 7	7074651	Office Phor	ne:	Mobile:	982707 4651

EMPLOYMENT RECORD: Starting with your present or most recent employer, please list last 2 employments. When listing consulting or temporary assignments, under "Employer", state the name of the consulting or temporary agency that placed you at the client site. Complete and accurate dates (month/year) must be provided. NR SWITCH & RADIO SARVICES A3473

Street Address: E-17, RIICO ELECTONICS **EMPLOYER 1 (Current):** Employee Id: From (mm/yy): 15/20/24 02/06/24 Remuneration/Salary: Phone No.: COMPLEX , KOTA (P.J.) 9413352403 State: Postal Code City: Country: 410011 Reason for leaving: Job Title: DT ENU. NIGHT WORK Employment Status: (Please check the relevant box) Supervisor's Details: Name: DINESH Contract /Through Outsourcing Agency ACCOUNT Title: 94133 52 418 Phone No.: **Outsourcing Agency Details:** E-mail id: Name: (Preferably official) Address: HR Manager's Details: Tel No.: ARUNI MA SAHU 18 91 97 4431 Name: Phone No.: **Description of Duties:** E-mail id: Williama Shinhard no sow in (Preferably official) Current Employment Authority Provided Yes/No If No When

CELLPLAN TECHNO LCUTY		25 / 0 6		To (mm/yy): 12 08 23
STREET Address: STDDHARTH TOWER, SANGAM ACAD PUNE	SNO. 12/3B	Employer's P 7060321		Remuneration/Salary: 28000
AHMDABAD	State: UJRAT	Country:		stal Code: 414 00 1
Job Title: DT ENG.	Reason for leaving: SALARY IMPROVMENT			
Employment Status: (Please check the relevant box	Supervisor's Details:			
■ Full Time		Name:	VIDH	A
Contract /Through Outsourcing Agency		Title:	HA.	
Outsourcing Agency Details:		Phone No.:	96049	717
Name: Address: Tel No.:	E-mail id: (Preferably official)	Vid habade cell RA @g		
	HR Manager's Details:			
		Name:	ABHJ	HAV SE
Description of Duties:	Phone No.:	7060	0324223	
	E-mail id: (Preferably official)	ablirancet@ afceti		
	The State of the S			

DECLARATION	& LETTER OF	FAUTHORIZATION	,

- I certify that the statements made in this application are valid and complete to the best of my knowledge. I
 understand that false or misleading information may result in termination of employment.
- If upon investigations, any of this information is found to be incomplete or inaccurate, I understand that I will be subject to dismissal at any time during my employment.
- I hereby authorize the Company and/or any of its subsidiaries or affiliates and any persons or organizations acting
 on its behalf (TP), to verify the information presented on this application form and to procure an
 investigative report or consumer report for that purpose.
- I hereby grant authority for the bearer of this letter to access or be provided with full details of my previous records. In addition, please provide any other pertinent information requested by the individual presenting this authority.
- I hereby release from liability all persons or entities requesting or supplying such information.

•	Lauthorize	the Company to conta	ct my present employer. 🗹 Yes	☐ No
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I have read, understand, and by my signature consent to these statements.

SIGNATURE:

Amas

DATE: 14/10/24

NAME (IN BLOCK LETTERS):

AHE NAMA

ATTACHED YES / NO
YES
CONTRACTOR STATE OF THE PARTY O

All details are compulsory

Strictly Private & Confidential